2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90286 012 ***150.00

DOCUMENT # V12467

1. Entity Name
THE AXMINSTER CORPORATION

Principal Place of Business	Mailing Address
1 SE 3RD AVE 27TH FLOOR MIAMI FL 33131	1 SE 3RD AVE 27TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
One S.E. Third Avenue	One S.E. Third Avenue
Suite, Apt. #, etc.: 28th Floor	Suite, Apt. #, etc.: 28th Floor
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country:	Zip: 33131 Country:

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES INC.
1 SE 3RD AVE
27TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~RODDENBERRY, STEPHEN K.~~ ~~1 SE 3RD AVE~~ ~~MIAMI FL 33131~~	☒ Delete	DPST Guillermo Duarte One S.E. Third Avenue 28th Floor, Miami, Florida 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP Carlos Duarte H. One S.E. Third Avenue, 28th Floor Miami, Florida 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Guillermo Duarte, President 04/02/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)